

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091830939
APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1.	/		/				51
2.	/		/				52
3.	/		/				53
4.	/		/				54
5.	/		/				55
6.	/		/				56
7.	/		/				57
8.	/						58
9.	/		/				59
10.	/		/				60
11.	/		/				61
12.	/		/				62
13.	/		/				63
14.	/		/				64
15.	/		/				65
16.	/						66
17.							67
18.							68
19.							69
20.							70
21.							71
22.							72
23.							73
24.							74
25.							75
26.							76
27.							77
28.							78
29.							79
30.							80
31.							81
32.							82
33.							83
34.							84
35.							85
36.							86
37.							87
38.							88
39.							89
40.							90
41.							91
42.							92
43.							93
44.							94
45.							95
46.							96
47.							97
48.							98
49.							99
50.							100
TOTAL IND.			3				TOTAL IND.
TOTAL DEP.			12				TOTAL DEP.
TOTAL CLAIMS			15				TOTAL CLAIMS